U S Department of Labor Office of Labor-Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9039	2. Fiscal Year Covered From			
	[]/[]/[04] Through [2]/3]/[04]			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name RICHARD A DIFFLEY :	Name TEAM STEAS LOCAL UNION SNO, 688			
	Labor Organization File Number 625-471			
PO Box Bldg Room No if any	P O Box Building and Room Number if any			
Street 300 S. GRAWD BLUD	Street 300 S, GLAND BLUD			
City ST, LOUIS	City ST.COVIS			
State MISSOUKI ZIP Code +4 63/03	State MISSOURI ZIP Code + 4 63/03			
5 Position in labor organization UICE PLESIDENT + BUSINESS REPLESENTATION—				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name if any				
PO Box Bldg Room No if any				
Street	7 b Amount.			
City E				
State ZIP Code +4				
Signature				
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (inclyding the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and better true correct and complete (See the section on penalties in the instructions)				
Signed Signed	on 8-12-05 314-658,-5739			

Name of Person Filling RICHARD A, DIFFLEY		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or –(2)-any-part of which-consists of-buying from or-selling or leasing directly or-indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name BANQUET UNION EMPLOYEES [ENSION (U)) Trade Name if any PO Box Bidg Room No if any SUITE 170 Street 4260 SHOLE UNE BA City EARTH CITY (170)	9 Business deals with a Labor Organiza b Trust c. Employer	tion		
State 455045 ZIP Code +4 63045 10 If 9 b or 9.c. is checked give trust or employer's name	11 a Nature of such deali			
Name Trade Name if any PO Box Bidg Room No if any		ENPLOYER PENSION PLAN ES BENEFITS TO SOME MEMBERS		
Street City State ZIP Code + 4	AND HOTEL F. INTERNATIONAL BLANS 11-30-	TERMINATIONAL SETTINAL FRENCHTIONAL SETTINAL FINENCES, FOURDATION OF LIMETIFF BENGET OF THEN 12-4-04 NEW ONCEANS 14 48-25-04 ONLHA, NEBLASK A		
	12 b Amount	7685, 81		
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.	\		
Name		, ,		
Trade Name if any				
P O Box Bldg Room No if any Street City State ZIP Code +4				
13 b Is the Business an Employer or Consultant 7	14 b Amount of payment.			

Name of Person Filling RICHALS A. DIFFLEY		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or —(2) any-part-of which-consists of buying-from or-selling or-leasing directly or indirectly to—or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name TFAMSTALS NEGOTIATED PENSION PLAN Trade Name if any PO Box Bldg Room No if any Street 200-5, FLAND PLVD City STICOUIS State MISCOUR! ZIP Code +4 63103	9 Business deals with a Labor Organiza b Trust c Employer	tion		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such deali	ng		
Name Trade Name if any P O Box, Bldg Room No if any		IPLOYEL PENS ES BENEFITS	TO SOME	
Street	11 b Approximate dollar valu	e of such dealing	UNKNOWN	
City	12 a Nature of interest held			
State ZiP Code + 4	UNION TRUS SEMINAR MAL AIRFARE, MEA	CH 12 THUY F CH 12 THUY F CS AND HOTE	ING FAUCATIONS I ALCOT 15, L EXPRASES	
	12 b Amount		1354,97	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name				
Trade Name if any			Service Servic	
PO Box Bldg Room No If any				
Street	**************************************			
City				
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment.	Transcription .		

Name of Person Filing RICHARD A. PLFFLEY	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or -(2)-any-part-of-which consists of buying from or-selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name AMERICAN INCOME LIFE INS, CO. Trade Name if any PO Box Bidg Room No if any P.O. BOX 2608 Street City WACO State TEXAS ZIP Code +4 76797	9 Business deals with a Labor Organization b Trust c Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bidg Room No if any Street City State ZIP Code + 4	11 a Nature of such dealing INDULANCE COMPANY MARKETS TO UNION MEMBERS AND THEM FAMILIES BY HAVING INFORMATION ABOUT NO-COST AND OTHER AMILIAGUE COUKLABE MAILEA BY THE UNION TO ITS MEMBERSHIP THE INSULANCE COMPANY HAS NO DIRECT CONTACT WITH UNION MEMBERS, 11 b Approximate dollar value of such dealing UNKNOWN 12 a Nature of interest held or income received NO-COST ACCIDENTAL PRATH INSULANCE POLICY (JEATH BEWEFIT! \$2000,000) AS IS HADE ANAICABLE TO ALL MEMBERS OF TEAMSTERS LOCAL 686,			
C Received from any employer (other than an employer covered unde	12 b Amount UPK, WWW W			
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street	or other thing of value 14 a Nature of payment.			
City				
13 b is the Business an Employer or Consultant ?	14 b Amount of payment			

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and one or more items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing, or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will promptly file an amended Form LM-30.

Signature

Date